RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960/49 — Registration District No. 1002 — Primary Registration District No. 1002 — Registrar's No. 4225 — 60-036768 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS City — Length of stay in 1b: 22 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS — b. COUNTY: Miami
c. CITY OR TOWN: Louisburg — Inside Limits: Yes ☒ No ☒
d. STREET ADDRESS (If outside city, give location): RURAL ROUTE TWO — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ALTA — Middle: E — Last: RING
4. DATE OF DEATH: Month: 8 — Day: 15 — Year: 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10/2/75
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): LOUISBURG KS
12. CITIZEN OF WHAT COUNTRY: U-SA
13a. FATHER'S NAME: NICHOLAS N. STARRY
13b. MOTHER'S MAIDEN NAME: SARAH BONE BRAICE
14. NAME OF HUSBAND OR WIFE: JACOB RING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT: MRS SHERMAN SIDE — Address: LOUISBURG KS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cellulitis left foot — INTERVAL BETWEEN ONSET AND DEATH: 4 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease, Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 24 Jul 60, to 15 Aug 60 and last saw her/him alive on 15 Aug 60
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John F. McDonnell M.D.
22b. ADDRESS: 315 Nichols Road Kansas City 12 Missouri
22c. DATE SIGNED: 17 Aug

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-18-1960
23c. NAME OF CEMETERY OR CREMATORY: LOUISBURG KANS
23d. LOCATION (City, town, or county) (State): LOUISBURG MIAMI CO

24a. FUNERAL DIRECTOR — ADDRESS: Runyan Funeral Home Louisburg
25. DATE RECD. BY LOCAL REG.: 8-17-60
26. REGISTRAR'S SIGNATURE: H L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF John F. Mc Donnell — MEDICAL CERTIFICATION — DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gerald Fowler

Signature of Student Embalmer

Licensed Embalmer No. 495

P. O. Address Lewisburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.